

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9916	2 Fiscal Year Covered From 01/01/2004 Through 12/31/2004
3 Name and address of person filing Name Joanne H Barts P O Box Bldg Room No if any % Actors' Equity Assn. Street 165 West 46 Street City New York State NY ZIP Code + 4 10036	4 Name file number and address of labor organization Name Actors' Equity Association Labor Organization File Number 006-029 P O Box Building and Room Number if any Street 165 West 46 Street City New York State NY ZIP Code + 4 10036
5 Position in labor organization Eastern Regional Chorus Councilor	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child (except as specified in the exclusions set forth in the instructions) have:

A Held an interest in or engaged in transactions (including loans) with or derived income from an employer whose employees your organization represents	
6 Name and address of Employer (including trade name, if any). Name Barry Grove Trade Name, if any Manhattan Theatre Club P O Box, Bldg Room No if any 8th floor Street 311 West 43rd Street, City New York State NY ZIP Code + 4 10036-6113	7.a. Nature of relationship To fulfill compliance requirements attend the tickets that oversee management 7.b. Amount of interest 25 LM30's Same individual shown as 1 rpt. et value of 00

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct and complete (See the section on penalties in the instructions)

Signed

On

Date

Telephone Number